

CLAIMS ONLY				Application Number <div style="border: 1px solid black; padding: 2px; text-align: center; font-size: 1.2em;">10750795</div>		Filing Date <div style="border: 1px solid black; height: 20px;"></div>	
				Applicant(s) <div style="border: 1px solid black; height: 20px;"></div>			
May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep							
Total Depend							
Total Claims							

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	7					
Total Depend	43					
Total Claims	50					